# Heart Attack and Stroke Data Collection Initiative

## What You Need to Know About the Project and How It Benefits Your Organization

**Monday, September 15, 2014**

TEXAS
Department of
State Health Services

TEXAS HEART DISEASE
AND STROKE PROGRAM

# Agenda

**1**
- Introductions
  - DSHS Health Promotion and Chronic Disease Prevention Section Staff

**2**
- Burden of CVD in Texas & Rider 97 Project Overview
  - Karla Granado, DSHS Program Specialist

**3**
- Data Governance
  - Kiran Bhurtyal, DSHS Program Specialist

**4**
- Review of FAQs
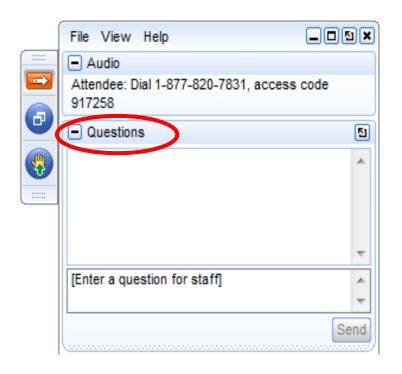  - Karla Granado, DSHS Program Specialist

**5**
- Live Q&A Session & Closing Remarks
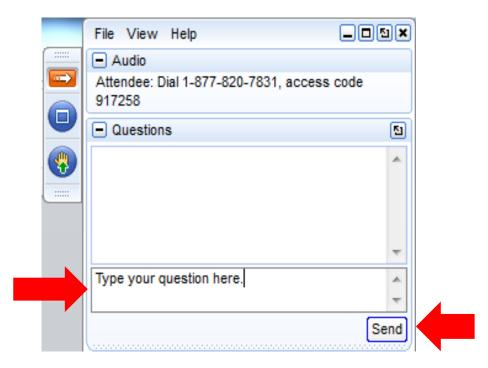  - Katie Wiechnicki, DSHS Chronic Disease Branch Manager

# Submitting Questions

**Locate the Questions panel on the right side of your screen.**

**Type in your question and click send.**
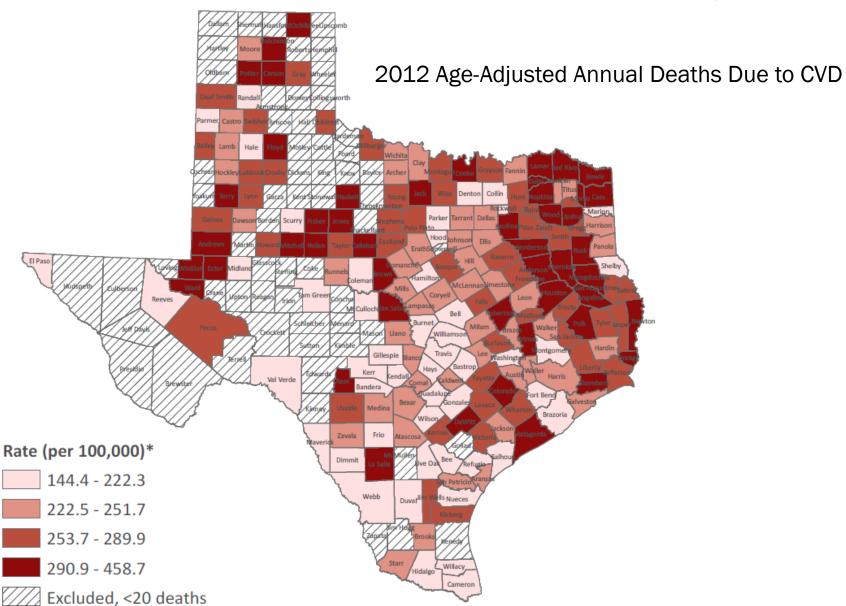
# Cardiovascular Disease & Stroke Program Overview

The Cardiovascular Disease (CVD) and Stroke Program works through multiple sectors to implement strategies that support and reinforce:

- healthy behavior

- community-clinical linkages

- health systems interventions

- surveillance and epidemiology
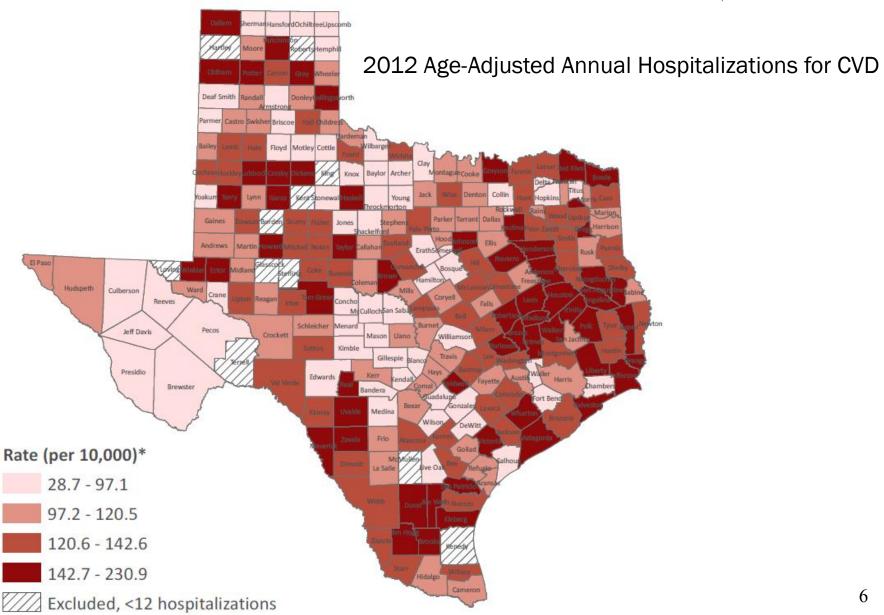
# Burden of Cardiovascular Disease in Texas

TEXAS Department of State Health Services



2012 Age-Adjusted Annual Deaths Due to CVD

**Rate (per 100,000)***

- 144.4 - 222.3
- 222.5 - 251.7
- 253.7 - 289.9
- 290.9 - 458.7
- Excluded, <20 deaths

# Burden of Cardiovascular Disease in Texas

2012 Age-Adjusted Annual Hospitalizations for CVD

Rate (per 10,000)*
- 28.7 - 97.1
- 97.2 - 120.5
- 120.6 - 142.6
- 142.7 - 230.9
- Excluded, <12 hospitalizations

## Health Promotion and Chronic Disease Prevention Section

- Section Director: Patty Moore, PhD

- Medical Officer: Roberto Rodriguez, MD, MPH

- Chronic Disease Branch Manager: Katie Wiechnicki, RN, MPH

- Cardiovascular Disease and Stroke Program Coordinator: Carleigh Wilson Baudoin, MPH

- Rider 97 Program Specialist: Karla Granado, MPH

- Office of Surveillance, Evaluation, and Research Manager: Nimisha Bhakta, MPH

- Office of Surveillance, Evaluation, and Research Program Specialist: Kiran Bhurtyal, MPH

# Texas Council on Cardiovascular Disease and Stroke

- Texas Council on Cardiovascular Disease and Stroke provides guidance throughout the development and implementation of Rider 97

  - Consultants to the Chair

# Rider 97 Overview

Background

- 83rd Legislature –$5 million appropriated through general revenue funds to DSHS for stroke system of care coordination and stroke and ST-elevated myocardial infarction (STEMI) data collection
  - $4.5 million over 2 years to the University of Texas (Lone Star Stroke) for research
  - $.5 million for stroke/STEMI data collection

Goal

- Collect and analyze data that will inform a statewide gap analysis and identify areas of improvement in care for heart attack and stroke patients.

Project Components

- Hospital heart attack and stroke data collection

- Regional Advisory Council (RAC) data collection

Contracts for hospital stroke and heart attack data:

- American College of Cardiology (ACC)
  - NCDR ACTION Registry-Get with the Guidelines (GWTG) heart attack data

- Duke Clinical Research Institute (DCRI)
  - American Heart Association Mission: Lifeline Texas report-STEMI data

- Quintiles/Outcome Sciences
  - GWTG Stroke data

- Contracts with RACs for aggregate heart attack and stroke data
  - Pre-hospital STEMI and stroke data elements
  - Stroke designated and stroke non-designated hospital data
  - STEMI and stroke system of care survey
  - Stroke transport plans
  - Heart attack and stroke education programming

# How It Can Benefit RACs

- Receive a copy of DSHS aggregate reports.

- Each region would be able to compare their performance to other regions in the state, specifically useful to prioritize and enhance the work of the Regional Advisory Councils.

- Identify areas of improvement for systems of care in your region, e.g. gaps in pre-hospital care, transport, etc.

- Offers an opportunity to strengthen relationships with EMS agencies and hospitals through collaboration.

# How It Can Benefit Hospitals

- Assist in the improvement of care for these patients across the state.

- Identify areas of improvement within your hospital for stroke and heart attack care.

- Receive a copy of DSHS aggregate reports.

- Receive a copy of the Mission: Lifeline Statewide Report, allowing individual hospitals to compare their STEMI care to the rest of the participants in the state, utilizing a unique identifier.

- For hospitals who are not enrolled in a Mission: Lifeline System/Regional Report, this would offer an opportunity to become a part of a regional report.

# Where Are We Now?

- Heart attack packets were emailed July 23$^{rd}$
  - 49 hospitals have submitted forms for participation
  - 6 hospitals will be enrolling in NCDR ACTION Registry-GWTG to participate in the initiative

- Stroke packets were emailed August 22$^{nd}$
  - 25 hospitals have submitted forms for participation
  - 10 hospitals will be enrolling in GWTG-Stroke to participate in the initiative

# What We Are Asking of Hospitals

Support for this initiative by participating in hospital data collection
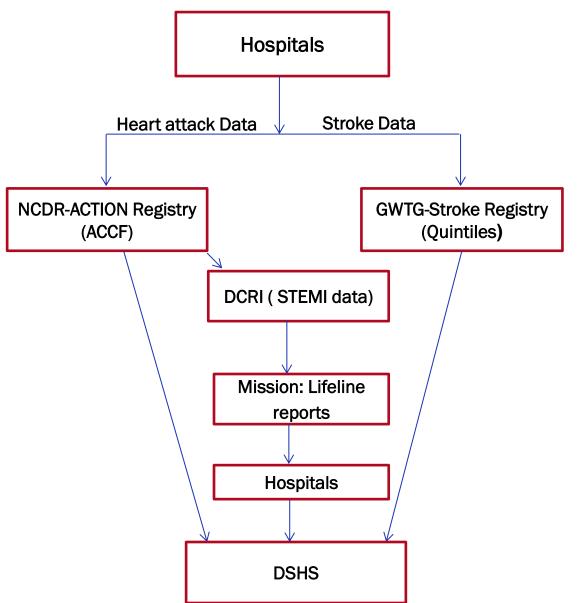
How to participate:

1. Review participation forms that were sent to your hospital

2. Request for your leadership and legal departments to review the forms

3. Submit signed forms to cardio@dshs.state.tx.us

If you are not enrolled in the databases and are interested in enrolling, please contact Karla Granado at Karla.Granado@dshs.state.tx.us.
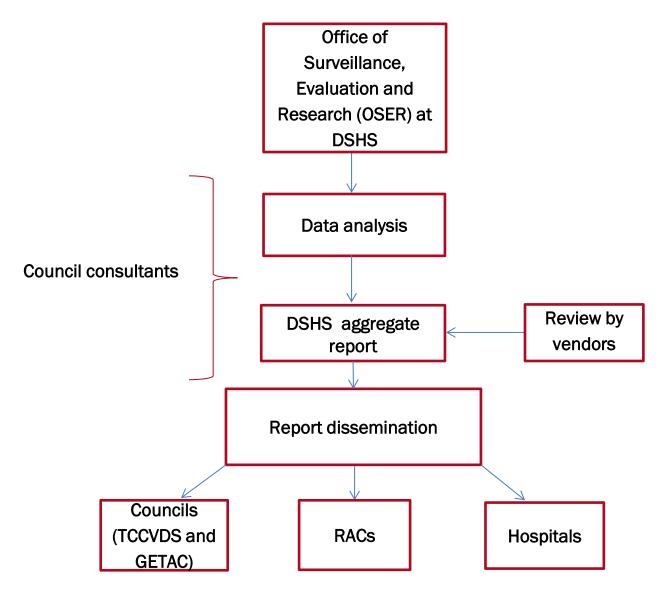
# Data Management

# Data Management

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# Data Harvest and DSHS Report

## Data harvest

- STEMI data: quarterly
- Stroke data: quarterly
- Mission: Lifeline report: annually

## Contents of DSHS aggregate report

- State-wide aggregate indicators of heart attack and stroke care
- To be finalized upon advisement from Texas Council on Cardiovascular Disease and Stroke and its consultants

## Reporting frequency

- Quarterly ( to coincide with the Texas Council on Cardiovascular Disease and Stroke / Governor's EMS and Trauma Advisory Council meetings)
- To be finalized upon advisement from Texas Council on Cardiovascular Disease and Stroke and its consultants

# Data Security and Governance

- Data use agreements
  - Vendors
  - Hospitals

- Data components
  - Heart attack data:
    - "Limited" ACTION Registry® - GWTG™ v2 dataset with both patient and physician identifiers removed
    - Each export is cumulative and is received through **Secure File Transfer Protocol (SFTP)**
  - Stroke data:
    - Limited Dataset Data received via a secure on-line System Reporter and System Report/Downloader

- Data storage/access
  - DSHS secure network drive
  - password protected, non-portable computers
  - Access to 2 DSHS data analysts

- Data governance
  - DSHS has a data governance plan in place
  - Data storage, access, and use are guided by the governance plan, DSHS IT Operations department, IT Security Analysts, and IT Security Officer

# Frequently Asked Questions

- How will you use the data that is collected?

- Who owns the data that is collected?

- Do hospitals have to submit any data to Texas Department of State Health Services?

- What level of data will DSHS get?

- How will the data be protected and secured? Who will have access to the data?

- How long are the agreements valid?

# Frequently Asked Questions

- Do you have a data governance plan in place?

- Why are you using these specific databases?

- What reports will I receive? How often would I receive them? How will I receive them?

- What level of data will be shared in the reports that are distributed?

- Will others be able to identify my hospital in any reports that result from this initiative?

- Will hospitals be involved in the report review process?

# Questions

- **The line is now open for questions.**

# Thank You!

Cardiovascular Disease and Stroke Program

Chronic Disease Branch
Health Promotion and Chronic Disease Prevention Section

cardio@dshs.state.tx.us